

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson		TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		ST MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	DATE 5-10-11	Name or number of rule(s): CHIP Amendment #7			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The benchmark definition requires that any applicable benefit changes made to the State and School Employees' Health Insurance Plan be consequently implemented with the CHIP.

Specific legal authority authorizing the promulgation of rule: The Mental Health Parity and Addiction Equity Act of 2008 and Social Security Act, Title XXI State Children's Health Insurance Program, Section 2103(b)(2), Coverage Requirements for Children's Health Insurance. *This filing is compliant with the filing time-line requirement in accordance to Miss Code 25.43.113.*

List all rules repealed, amended, or suspended by the proposed rule: \_\_\_\_\_

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> <u>Dec. 20, 2010</u> <b>Action taken:</b> _____ Adopted with no changes in text XXXXX Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing XXXXX Other (specify): <u>July 1, 2010</u>

Printed name and Title of person authorized to file rules: Robert L. Robinson

Signature of person authorized to file rules: \_\_\_\_\_

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%; text-align: center;"> <p><b>FILED</b> MAY 10 2011 MISSISSIPPI SECRETARY OF STATE</p> </div> Accepted for filing by <u>CB17744E</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.